

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED****To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations**

1. (a) Name of Individual, Organization or Corporation Working America		3. FEC Identification Number C C90011156
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 815 16th St., N.W.		
(c) City, State and ZIP Code Washington DC 20006		
2. Corporate filers only	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Individual filers only	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report ☒ 24-Hour Notice ☐ 48-Hour Notice
- ☐ July 15 Quarterly Report
- ☐ October Quarterly Report
- ☐ January 31 Year-End Report

(b) Is this Report an amendment? Yes ☐ No ☒

5. COVERING PERIOD: FROM

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	0

THROUGH

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	0

6. TOTAL CONTRIBUTIONS

0.00

7. TOTAL INDEPENDENT EXPENDITURES.....

9979.43

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

Liz Towne

05/09/2010

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. 437g.

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
AFSCME

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1625 L St., NW

Amount

2450.00

City

Washington

State

DC

Zip Code

20036

Purpose of Expenditure

Phone center rental

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

44545.51

Full Name (Last, First, Middle Initial) of Payee
AR Democrat Gazette

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
PO Box 2221

Amount

137.71

City

Little Rock

State

AR

Zip Code

72203

Purpose of Expenditure

Job Ad

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2296.51

Full Name (Last, First, Middle Initial) of Payee
Ryan Budman

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
5701 Cochiti Dr, NW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6228.79

(a) SUBTOTAL of Itemized Independent Expenditures

2612.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

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ITEMIZED INDEPENDENT EXPENDITURESPAGE **3 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee

Ryan Budman

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	0

Amount

25.00

Mailing Address

5701 Cochiti Dr, NW

City

Albuquerque

State

NM

Zip Code

87120

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

6253.79

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Stanley Cash

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	0

Amount

184.80

Mailing Address

1622 Gaines

City

Little Rock

State

AR

Zip Code

72206

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

3511.20

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee

Catrice Counts

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	8		2	0	1	0

Amount

184.80

Mailing Address

15019 W. Baseline Rd

City

Little Rock

State

AR

Zip Code

72210

Purpose of Expenditure

Salary and benefits

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Calendar Year-To-Date Per Election
for Office Sought

554.40

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____(a) **SUBTOTAL** of Itemized Independent Expenditures

394.60

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE **4 / 14**

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Carly Danielsen

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

12223 W 2nd Pl. Apt. #11-304

Amount

25.00

City

Lakewood

State

CO

Zip Code

80228

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

478.20

Full Name (Last, First, Middle Initial) of Payee
George Doak

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

515 Shirk Lane SW

Amount

25.00

City

Albuquerque

State

NM

Zip Code

87105

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

478.20

Full Name (Last, First, Middle Initial) of Payee
Gaelynn Dooley

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

95 W. 1st Ave Apt 1

Amount

25.00

City

Columbus

State

OH

Zip Code

43215

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ HouseState: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9882.34

(a) **SUBTOTAL** of Itemized Independent Expenditures

75.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures(c) **TOTAL** Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
Hardin Rd

Amount

159.77

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

8780.45

Full Name (Last, First, Middle Initial) of Payee
Extended Stay Hotel

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
Hardin Rd

Amount

234.12

City
Little RockState
ARZip Code
72203Purpose of Expenditure
HousingCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

9014.57

Full Name (Last, First, Middle Initial) of Payee
Joseph Fazzio

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
5011 South Swanson St.

Amount

25.00

City
Las VegasState
NVZip Code
89119Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

418.20

(a) SUBTOTAL of Itemized Independent Expenditures

418.89

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jack Gammill

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
101 Pine Forest Drive

Amount

184.80

City State Zip Code
Maumelle AR 72113Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 677.60Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Steve Karbowski

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
4195 West 22nd St

Amount

25.00

City State Zip Code
Cleveland OH 44109Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 7226.34Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Rashay Layman

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
453 Siebert St.

Amount

25.00

City State Zip Code
Columbus OH 43206Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 355.00Disbursement For: ☒ Primary ☐ General
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

234.80

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kevin Litten

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
635 Probasco St

Amount

25.00

City State Zip Code
Cincinnati OH 45220Purpose of Expenditure
Per diemCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 270.00Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
John Morgan

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1805 Marshall Dr

Amount

184.80

City State Zip Code
Little Rock AR 72202Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 3634.40Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mundy Katowitz Media, Inc.

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1322 G St., NE

Amount

1785.71

City State Zip Code
Washington DC 20003Purpose of Expenditure
Radio media buyCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 16071.40Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1995.51

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Mundy Katowitz Media, Inc.

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1322 G St., NE

Amount

1785.71

City

Washington

State

DC

Zip Code

20003

Purpose of Expenditure

Radio media buy

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☐ Support☒ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
BLANCHE LAMBERT LINCOLNCalendar Year-To-Date Per Election
for Office Sought

17857.11

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Craig Parsley

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
411 6th St.

Amount

25.00

City

Newcastle

State

DE

Zip Code

19720

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

295.00

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Mary Richards

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1203 Emerson St. Apt 21

Amount

25.00

City

Denver

State

CO

Zip Code

90218

Purpose of Expenditure

Per diem

Category/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCalendar Year-To-Date Per Election
for Office Sought

7226.34

Disbursement For:
2010☒ Primary☐ General☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

1835.71

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Daniel Richardson

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
5305 Mulberry Place

Amount

184.80

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

431.20

Full Name (Last, First, Middle Initial) of Payee
Heather Rozzo

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
819 SW 14th Ct.

Amount

25.00

City

Ft. Lauderdale

State
FLZip Code
33315Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

951.08

Full Name (Last, First, Middle Initial) of Payee
Brandon Scott

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1814 Cross

Amount

184.80

City

Little Rock

State
ARZip Code
72206Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

2032.80

(a) SUBTOTAL of Itemized Independent Expenditures

394.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Terry Smith

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
10 Nantucket Circle

Amount

184.80

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and BenefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

1786.40

Full Name (Last, First, Middle Initial) of Payee
Scott Sneddon

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
440 Rocky Springs Dr

Amount

25.00

City
BlacklickState
OHZip Code
43004Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

8515.00

Full Name (Last, First, Middle Initial) of Payee
Gloria Tate

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
3317 West 10th

Amount

184.80

City
Little RockState
ARZip Code
72204Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

308.00

(a) SUBTOTAL of Itemized Independent Expenditures

394.60

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Kyle Taylor

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Dr, #3

Amount

25.00

City
TampaState
FLZip Code
33336Purpose of Expenditure
Per diemCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

6425.58

Full Name (Last, First, Middle Initial) of Payee
Jennel Thompson

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

6 Springtree Circle

Amount

184.80

City
Little RockState
ARZip Code
72209Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

554.40

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

1 Airport Dr

Amount

84.37

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For: 2010

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

15798.49

(a) SUBTOTAL of Itemized Independent Expenditures

294.17

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

113.70

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

15912.19

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

53.58

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

15965.77

Full Name (Last, First, Middle Initial) of Payee
Thrifty

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
1 Airport Dr

Amount

52.76

City
Little RockState
ARZip Code
72206Purpose of Expenditure
Rental carCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterDisbursement For:
2010☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

16018.53

(a) SUBTOTAL of Itemized Independent Expenditures

220.04

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

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FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Corey Tory

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
25 Barnwood Circle

Amount

184.80

City State Zip Code
Little Rock AR 72209Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 1921.40Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Roy Tucker

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
4619 West 55th Street

Amount

184.80

City State Zip Code
Little Rock AR 72209Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 431.20Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____Full Name (Last, First, Middle Initial) of Payee
Willie Turks

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0Mailing Address
4505 Pike

Amount

184.80

City State Zip Code
North Little Rock AR 72114Purpose of Expenditure
Salary and benefitsCategory/
TypeOffice Sought: ☐ House State: AR
☒ Senate
☐ President District: _____Name of Federal Candidate Supported or Opposed by Expenditure:
Bill HalterCheck One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 308.00Disbursement For: ☒ Primary ☐ General
2010
☐ Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures

554.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 14 / 14

FOR LINE 7 FOR FORM 5

NAME OF FILER (In Full)

Working America

Full Name (Last, First, Middle Initial) of Payee
Jonathan Turner

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

10110 Douglas Oaks Circle, Apt 301

Amount

184.80

City
TampaState
FLZip Code
33610Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

3634.40

Full Name (Last, First, Middle Initial) of Payee
Laury Walker

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

2018 Dennison Street

Amount

184.80

City
Little RockState
ARZip Code
72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

554.40

Full Name (Last, First, Middle Initial) of Payee
Dewayne Watson

Date

M M / D D / Y Y Y Y
0 5 / 0 8 / 2 0 1 0

Mailing Address

416 East 15th Street

Amount

184.80

City
Little RockState
ARZip Code
72202Purpose of Expenditure
Salary and benefitsCategory/
Type

Office Sought:

☐ House

State: AR

Senate

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ OpposeName of Federal Candidate Supported or Opposed by Expenditure:
Bill Halter

Disbursement For:

☒ Primary☐ General☐ Other (specify) _____Calendar Year-To-Date Per Election
for Office Sought

431.20

(a) SUBTOTAL of Itemized Independent Expenditures

554.40

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures
(carry total from last page forward to Line 7)

9979.43